

# 2001 UNIFORM BUSINESS REPORT (UBR)

0084760

**DOCUMENT # N19965**

1. Entity Name

**NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATIO**

APPROVED  
AND  
FILED

01 JUL -5 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business HIGHWAY 90 WEST P.O. BOX 550 GRETNA FL 32332 US	Mailing Address HIGHWAY 90 WEST P.O. BOX 550 GRETNA FL 32332 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2801357</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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*Handwritten mark*



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**FORD, CAROLYN**  
527 KEY STREET  
QUINCY FL 32351

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAUSE, VINEY</b> <b>P.O. BOX 293 N/A</b> <b>GREENSBORO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARSON, STEWART</b> <b>119 WEST WASHINGTON STREET</b> <b>CHATTAHOOCHEE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LEWIS, CLARENCE</b> <b>P.O. BOX 395 N/A</b> <b>GRETNA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KELLY, ALICE</b> <b>RT. 4 BOX 1114</b> <b>QUINCY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>KELLY, VIVIAN</b> <b>216 PATTON ST.</b> <b>QUINCY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORD, CAROLYN</b> <b>527 KEY ST</b> <b>QUINCY FL 32351</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-07/13/01--01103--026  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Carolyn Ford*

CR2E037 (10/00)